POSITION INITIALS ID NO. DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

	H	NDEX OF CLAII	MS	
	Rejected		N Non-elected	
,r	- Allo	wed (Interference
Α΄	— (Through numeral) Can	celed A tricted O		Appeal
∿ `	nes	tricted 0		Objected
Claim	Date Claim	Date		He term are to the control of
- la -	* · ·		Clair	
Final Original	Final	1	Final	
	<u>ш</u> б	- 	Final	5
2	52			
3	53		10	
- 4 5	54		10	
6	55	+ + + + + + + + + + + + + + + + + + + +	100	
7	57		100	** t
8 /	58		107	
(a)	59		109	
- 11	60	- 	110	
12	62	+ + + + - + - + - + - + - + - + - + - +	111	+
13	63	+-+-+	112	
14	64	-+	114	
16	65		115	╾┾╼┾╼┼╼┼╼┼╼┼
17	66	+	116	
13	68	+ +-+-+	117	
13	69	 	118	
20 J	70		120	
22	71		121	╶┼╶┤ ═ ┆╶┤┈┆
23	72	++++++	122	
24	74	, , , , , , , , , , , , , , , , , , , 	123	
25	75	 	125	+++++++++++++++++++++++++++++++++++++++
27	76		126	
28	77	 	127	
29	79		128	
30	80		130	+-+
32	81		131	+-+-+
33	82	-+	132	
34	84		133	† - - - - - - - - - -
35	85		135	+ + + + + + + + + + + + + + + + + + + +
37	86		136	
38	87		137	* * * * * * * * * * * * * * * * * * *
39	89		138	
40	90		139	
41,	91		141	*···
43	92		142	
44	93		143	•
45	95		144	
46	96		145	
48	97		+	
49	98 99 199		148	
50	· · · · · · · · · · · · · · · · · · ·			
		* * * * * * *	150	

If more than 150 claims or 10 actions staple additional sheet here